Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

	For calendar year 2018 or tax year beginning , 2018, and ending , 20							
_	Name of foundation A Employer identification number						, =0	
Gemassist Brain Awareness Co				81-3502555				
				Poom/outo			<u>, </u>	
		and street (or P O box number if mail is not delivered to street address)		Room/suite	1	number (see instructions)	
_	401 Nottaway Lane				(403) 561-6866			
	•	wn, state or province, country, and ZIP or foreign postal code			C If exempt	tion application is pending.	, check here	
		retta, GA `30009	-f - f		<u> </u>			
G	SHECK		of a former public ch	iarity	D 1 Foreig	n organizations, check he	re • 📋	
		Final return Amended ref				n organizations meeting ti		
	2h a a le	Address change Name chang		<u> </u>	_ cneck	here and attach computat	ion • []	
	٦ .	type of organization X Section 501(c)(3) exempt priv		04		foundation status was ten		
		· · · · · · · · · · · · · · · · · · ·	axable private found X Cash	1	section 5	07(b)(1)(A), check here		
		J Accounting method	A Cash	Accrual		ndation is in a 60-month te		
		year (from Part II, col. (c), United Security Other (specify)			under se	ction 507(b)(1)(B), check h	iere	
	ine 16) art I	1,140 (Part I, column (d) must be Analysis of Revenue and Expenses (The total of	on cash basis)				T.,,,	
ш	1111	amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and	(b) Ne	tinvestment	(c) Adjusted net	(d) Disbursements for chantable	
		the amounts in column (a) (see instructions))	expenses per books		ncome	income	purposes (cash basis only)	
_	1	,,,	14 54	61			(00311 00313 01119)	
	2	Contributions, gifts, grants, etc , received (attach schedule) Check ► if the foundation is not required to attach Sch B	14,50	<u> </u>				
	3	Check ► if the foundation is not required to attach Sch B Interest on savings and temporary cash investments						
	4	Dividends and interest from securities		 r				
	`_			 	RE(EIVED		
Ž	5a	Gross rents		- 	2	18		
Ì	b	Net rental income or (loss)		1 1		1 9 2019		
97	6a	Net gain or (loss) from sale of assets not on line 10		- 	<u> </u>			
<u>ارة</u>	b	Gross sales price for all assets on line 6a			<u> </u>			
Revenue	' 7	Capital gain net income (from Part IV, line 2)		+	- OG E	EN, UT		
س	•	Net short-term capital gain						
8	9	1						
	10a b	Gross sales less returns and allowances Less Cost of goods sold						
82	C	Gross profit or (loss) (attach schedule)						
0	11	Other income (attach schedule)						
202b	12	Total. Add lines 1 through 11	14,50	<u> </u>				
¥	13	Compensation of officers, directors, trustees, etc	14,30				<u>'</u>	
(A)	14	Other employee salaries and wages						
Se	15	Pension plans, employee benefits						
ĕ	16a	Legal fees (attach schedule)	5,33	30	 		5,330	
Expenses	b	Accounting fees (attach schedule) STM108	1,2				1,275	
-	c	Other professional fees (attach schedule)		1				
ati	17	Interest						
str	18	Taxes (attach schedule) (see instructions)						
Ē	19	Depreciation (attach schedule) and depletion	- <u>-</u>				1	
E	20	Occupancy	· - ·		_	-		
٧F	21	Travel, conferences, and meetings	- <u>-</u>		_			
c Other professional fees (attach schedule) 17 Interest					_	<u>-</u>	<u> </u>	
g	23	Other expenses (attach schedule) STM103	4,28	31			4,281	
atir	24	Total operating and administrative expenses.						
Jer		Add lines 13 through 23	10,88	36	O		10,886	
Ö	25	Contributions, gifts, grants paid	1,50	_ +			0	
	26	Total expenses and disbursements. Add lines 24 and 25.	12,38	1	0		10,886	
	27	Subtract line 26 from line 12						
	a	Excess of revenue over expenses and disbursements	2,1	75]	
	b	Net investment income (if negative, enter -0-)			0		i	
	С	Adjusted net income (if negative, enter -0-)			<u>-</u> -	0		

For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2018)

3 3 Other increases not included in line 2 (itemize) ▶ 4 1,140 5 Decreases not included in line 2 (itemize) ▶ Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 1,140 6

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

Part VI instructions

	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instru	ıction	ıs)		ı
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1				ı
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			0	ii.
	here ▶ ☐ and enter 1% of Part I, line 27b				ii.
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of				
	Part I, line 12, col (b)			_	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 2				
3	Add lines 1 and 2				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 4 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0			0	
5					
6	Credits/Payments 2018 estimated tax payments and 2017 overpayment credited to 2018 6a				
a	Exempt foreign organizations - tax withheld at source 6b			i	
b	Tax paid with application for extension of time to file (Form 8868) 6c				
c d	Backup withholding erroneously withheld				
7	Total credits and payments Add lines 6a through 6d				
8	Enter any penalty for underpayment of estimated tax. Check here				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	-			
11	Enter the amount of line 10 to be Credited to 2019 estimated ta≫ Refunded ▶ 11				
	rt VII-A Statements Regarding Activities				
1a			Yes	No	
	participate or intervene in any political campaign?	1a		Χ	
b	Did it spend more than \$100 duning the year (either directly or indirectly) for political purposes? See the				
	instructions for the definition	1b		X	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities				
С	Did the foundation file Form 1120-POL for this year?	1c		<u>X</u>	
d					
	(1) On the foundation ► \$ (2) On foundation managers ► \$				
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers \$			 _	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X	
	If "Yes," attach a detailed description of the activities			i	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	3			
4	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	4a		X	
4a	If "Yes," has it filed a tax return on Form 990-T for this year?	4b			
ь 5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х	
3	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			i	
•	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				
	conflict with the state law remain in the governing instrument?	6	X		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7		X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions				
	GA				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b			
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				
	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See instructions for Part XIV)? If "Yes,"				/
	complete Part XIV	9		X	1
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		ľ		
	names and addresses	10	Χ		

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_	······································	02555		Page 5
	rt VII-A Statements Regarding Activities (continued)			1
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	. 11	<u> </u>	X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			l :
	person had advisory privileges? If "Yes," attach statement. See instructions		 	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	. 13	X	<u>L</u>
	Website address https://gemassist.net/			
14	The books are in care of ► Armin Krupp Telephone no ► 40:		866	-
	Located at ► 401 Nottaway Lane, Alpharetta, GA ZIP+4 ► 300	009		
15			• • •	▶ ⊔
	and enter the amount of tax-exempt interest received or accrued during the year ▶ 15		T	1
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	. 16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
Da	the foreign country >			
Ра	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required		T	1
4-	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	ļ	Yes	No
1a	During the year, did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No.	'		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			ŀ
	disqualified person?	- 1		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No.			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No.	'		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?	•		:
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	ľ		
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days) Yes X No	'		
D	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in	41	·	.
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	. <u>1b</u>	ļ	ļ.,
_	Organizations relying on a current notice regarding disaster assistance, check here			'
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		·	-
_	were not corrected before the first day of the tax year beginning in 2018?	. <u>1c</u>	 	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			li
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and	_	İ	
	6e, Part XIII) for tax year(s) beginning before 2018?	'		
L	If "Yes," list the years Are there are vivered in 20 for which the foundation is not applying the provisions of coston 4043(c)(2)			
U	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions)	. 2b		
_	all years listed, answer "No" and attach statement - see instructions)	. 20	-	
C	in the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
3-	Did the foundation held more than a 20/ direct or indirect interest in any hyperses enterprise			
Ja	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	_		
	at any time during the year?	'		
Ø	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of		-	
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	24	1	
	foundation had excess business holdings in 2018)	. 3b	I	

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?.....

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its

4a

4b

Pal	rt VII-B Statements Regarding Activiti	es for v	wnich Forn	n 4/20	iviay Be i	Requir	eu (contil	<u>nuea)</u>			
5a	Dunng the year, did the foundation pay or incur any a	mount to						_		Yes	No
	(1) Carry on propaganda, or otherwise attempt to in	luence le	gislation (secti	on 4945	(e)) [?]		Yes X	No			- 1
	(2) Influence the outcome of any specific public elec-	tion (see	section 4955),	or to ca	rry on,						•
	directly or indirectly, any voter registration drive?					[Yes X	No			
	(3) Provide a grant to an individual for travel, study,		ımılar purposes	s?		[Yes X	No			
	(4) Provide a grant to an organization other than a c							_			
						[Yes X	No			
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational								_			- 1
purposes, or for the prevention of cruelty to children or animals?								No			- 1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described								-			
	in Regulations section 53 4945 or in a current notice								5b		
	Organizations relying on a current notice regarding of	_	•					. \square			- 1
С	If the answer is "Yes" to question 5a(4), does the four							ш			1
	because it maintained expenditure responsibility for t					[Yes	No			
	If "Yes," attach the statement required by Regulation	-						_			-
6a	Did the foundation, during the year, receive any fund			pav pre	emiums						
	on a personal benefit contract?					[Yes X	No			
b	Did the foundation, during the year, pay premiums, d								6b		X
	If "Yes" to 6b, file Form 8870	, , , , , ,	,,								
7a	At any time during the tax year, was the foundation a	party to a	a prohibited tax	shelter	transaction?	[Yes X	No			
b	If "Yes," did the foundation receive any proceeds or I								7b		
8	Is the foundation subject to the section 4960 tax on p										
•	remuneration or excess parachute payment(s) during	•	-			[Yes X	No			
Pai	t.VIII Information About Officers, Dir	ectors.	Trustees.	Found	ation Ma	nagers			Emplo	yees	,
	and Contractors	•	•			•			•	-	
1	List all officers, directors, trustees, and foundation	n manag	ers and their	compen	sation. See	nstructi	ons.				
		1 41 h T 4									
	(-) None and address		e, and average		mpensation		Contributions		(e) Expe		
	(a) Name and address	hou	e, and average irs per week ed to position	(If r	ompensation not paid, nter -0-)	empl	Contributions byee benefit p ferred comper	lans		ense ac allowan	
Arm:	(a) Name and address	hou	rs per week ed to position	(If r	ot paid,	empl	oyee benefit p	lans			
		hou devot	rs per week ed to position	(If r	ot paid,	empl	oyee benefit p	lans			
	ın Krupp	hou devot	rs per week ed to position CFO	(If r	not pald, hter -0-)	empl	oyee benefit p	ilans rsation			ces
	ın Krupp	hou devot	rs per week ed to position CFO	(If r	not pald, hter -0-)	empl	oyee benefit p	ilans rsation			ces
	ın Krupp	hou devot	rs per week ed to position CFO	(If r	not pald, hter -0-)	empl	oyee benefit p	ilans rsation			ces
	ın Krupp	hou devot	rs per week ed to position CFO	(If r	not pald, hter -0-)	empl	oyee benefit p	ilans rsation			ces
	ın Krupp	hou devot	rs per week ed to position CFO	(If r	not pald, hter -0-)	empl	oyee benefit p	ilans rsation			ces
	ın Krupp	hou devot	rs per week ed to position CFO	(If r	not pald, hter -0-)	empl	oyee benefit p	ilans rsation			ces
	ın Krupp	hou devot	rs per week ed to position CFO 5.00	(If r	oot pald, ter -0-)	empl and det	oyee benefit p	olans nsation 0			ces
401	In Krupp Nottaway Lane, GA 30009	hou devot	rs per week ed to position CFO 5.00	(If r	oot pald, ter -0-)	empl and det	oyee benefit p	olans nsation 0			ces
401	In Krupp Nottaway Lane, GA 30009 Compensation of five highest-paid employees (ot	hou devot	rs per week ed to position CFO 5.00	(If r	oot pald, ter -0-)	empl and det	erred comper by: i). If none, e	0 enter	other	allowan	0
401	In Krupp Nottaway Lane, GA 30009 Compensation of five highest-paid employees (ot	hou devot	those included (b) Title, and hours per v	d on line	oot pald, ter -0-)	empl and def	erred comper). If none, e (d) Contribut employee b plans and de	0 enter tions to enefit eferred	other	allowan	0
401	In Krupp Nottaway Lane, GA 30009 Compensation of five highest-paid employees (ot "NONE."	hou devot	those included	d on line	ot pald, ter -0-) 0	empl and def	erred comper i). If none, e (d) Contribut employee b	0 enter tions to enefit eferred	other	ense acc	0
2	Nottaway Lane, GA 30009 Compensation of five highest-paid employees (ot "NONE."	hou devot	those included (b) Title, and hours per v	d on line	ot pald, ter -0-) 0	empl and def	erred comper). If none, e (d) Contribut employee b plans and de	0 enter tions to enefit eferred	other	ense acc	0
2	Nottaway Lane, GA 30009 Compensation of five highest-paid employees (ot "NONE."	hou devot	those included (b) Title, and hours per v	d on line	ot pald, ter -0-) 0	empl and def	erred comper). If none, e (d) Contribut employee b plans and de	0 enter tions to enefit eferred	other	ense acc	0
401	Nottaway Lane, GA 30009 Compensation of five highest-paid employees (ot "NONE."	hou devot	those included (b) Title, and hours per v	d on line	ot pald, ter -0-) 0	empl and def	erred comper). If none, e (d) Contribut employee b plans and de	0 enter tions to enefit eferred	other	ense acc	0
2	Nottaway Lane, GA 30009 Compensation of five highest-paid employees (ot "NONE."	hou devot	those included (b) Title, and hours per v	d on line	ot pald, ter -0-) 0	empl and def	erred comper). If none, e (d) Contribut employee b plans and de	0 enter tions to enefit eferred	other	ense acc	0
2	Nottaway Lane, GA 30009 Compensation of five highest-paid employees (ot "NONE."	hou devot	those included (b) Title, and hours per v	d on line	ot pald, ter -0-) 0	empl and def	erred comper). If none, e (d) Contribut employee b plans and de	0 enter tions to enefit eferred	other	ense acc	0
2	Nottaway Lane, GA 30009 Compensation of five highest-paid employees (ot "NONE."	hou devot	those included (b) Title, and hours per v	d on line	ot pald, ter -0-) 0	empl and def	erred comper). If none, e (d) Contribut employee b plans and de	0 enter tions to enefit eferred	other	ense acc	0
2	Nottaway Lane, GA 30009 Compensation of five highest-paid employees (ot "NONE."	hou devot	those included (b) Title, and hours per v	d on line	ot pald, ter -0-) 0	empl and def	erred comper). If none, e (d) Contribut employee b plans and de	0 enter tions to enefit eferred	other	ense acc	0
2	Nottaway Lane, GA 30009 Compensation of five highest-paid employees (ot "NONE."	hou devot	those included (b) Title, and hours per v	d on line	ot pald, ter -0-) 0	empl and def	erred comper). If none, e (d) Contribut employee b plans and de	0 enter tions to enefit eferred	other	ense acc	0
2	Nottaway Lane, GA 30009 Compensation of five highest-paid employees (ot "NONE."	hou devot	those included (b) Title, and hours per v	d on line	ot pald, ter -0-) 0	empl and def	erred comper). If none, e (d) Contribut employee b plans and de	0 enter tions to enefit eferred	other	ense acc	0
2	Nottaway Lane, GA 30009 Compensation of five highest-paid employees (ot "NONE."	hou devot	those included (b) Title, and hours per v	d on line	ot pald, ter -0-) 0	empl and def	erred comper). If none, e (d) Contribut employee b plans and de	0 enter tions to enefit eferred	other	ense acc	0

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Gemassist Brain Awareness Co

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Part VIII Information About Officers, Directors, Trustees, Foundation Mar and Contractors (continued)	agers, Highly Paid Employees,
3 Five highest-paid independent contractors for professional services. See instructions. If no	ne, enter "NONE."
(a) Name and address of each person paid more than \$50,000 (b)	ype of service (c) Compensation.
NONE	
	1
Total number of others receiving over \$50,000 for professional services	.
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information	such as the number of Expenses
organizations and other beneficiaries served, conferences convened, research papers produced, etc 1 Donation to other charities assisting with brain	
research	
	1,50
2 Increase brain issue awareness in community and online	
presence	
3	3,25
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	<u> </u>
Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	Amount
	j
2	
All other program-related investments See instructions	
3	
	1
Total. Add lines 1 through 3	
EEA /	Form 990-PF (2018

10,886

10,886

		(a)	(b)	(c)	(d) 2018
		Corpus	Years prior to 2017	2017	2018
1	Distributable amount for 2018 from Part XI,				•
	line 7				40
2	Undistributed income, if any, as of the end of 2018				
а	Enter amount for 2017 only				
b	Total for prior years				
3	Excess distributions carryover, if any, to 2018				
a	From 2013				
b	From 2014				
C	From 2015	-			
d	From 2016	-			
e	From 2017				
f	Total of lines 3a through e				
4	Qualifying distributions for 2018 from Part XII,				
	line 4 ▶ \$ 10,886	ŀ			
а	Applied to 2017, but not more than line 2a				
D	Applied to undistributed income of prior years				
	(Election required - see instructions)	<u> </u>			
С	Treated as distributions out of corpus (Election				
	required - see instructions)				
d	Applied to 2018 distributable amount				40
e	Remaining amount distributed out of corpus	10,846			· - · · · · · · · · · · · · · · · · · ·
5	Excess distributions carryover applied to 2018				
	(If an amount appears in column (d), the same				
	amount must be shown in column (a))				
6	Enter the net total of each column as				
_	indicated below:	10.046			
a	Corpus Add lines 3f, 4c, and 4e Subtract line 5 . Prior years' undistributed income Subtract	10,846			
b	line 4b from line 2b				
_	Enter the amount of prior years' undistributed				
C					
	income for which a notice of deficiency has been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable			· · · · · · · · · · · · · · · · · · ·	·
u	amount - see instructions				
_	Undistributed income for 2017 Subtract line				
·	4a from line 2a Taxable amount - see				
	instructions				
f	Undistributed income for 2018 Subtract lines				
•	4d and 5 from line 1. This amount must be				
	distributed in 2019				(
7	Amounts treated as distributions out of corpus				· · · · · · · · · · · · · · · · · · ·
•	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required - see instructions)				
8	Excess distributions carryover from 2013 not				
-	applied on line 5 or line 7 (see instructions)	[
9	Excess distributions carryover to 2019.				
	Subtract lines 7 and 8 from line 6a	10,846			
10	Analysis of line 9				·
а	Excess from 2014				
b	Excess from 2015	1			
c	Excess from 2016	1			
d	Excess from 2017	1			
е	Excess from 2018 10,846				

		Brain Awarenes			81-3502555	Page 10
Par	tIXIV Private Operating Four					
1a	If the foundation has received a ruling or			ng		
	foundation, and the ruling is effective for				·	
b	Check box to indicate whether the found		ting foundation describ		2(j)(3) or 4942(j)(5)	
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
	each year listed					
b	85% of line 2a					
С	Qualifying distributions from Part XII, line 4 for each year listed					
	•		/			
d	Amounts included in line 2c not used directly for active conduct of exempt activities .					
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test - enter (1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	/	_			
b	"Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test - enter (1) Total support other than gross investment income (interest,					
	dividends, rents, payments on secunties loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
P.art	Supplementary Informa			e foundation had	\$5,000 or more in	assets at
	any time during the yea	<u>r - see instructio</u>	ns.)			
1	Information Regarding Foundation M	anagers:				
а	List any managers of the foundation who before the close of any tax year (but onlose)					
b	List any managers of the foundation who ownership of a partnership or other entities.				portion of the	
2	Information Regarding Contribution, Check here ▶ ☐ If the foundation only unsolicited requests for funds. If the foundation only	y makes contributions	to preselected charitat	ole organizations and do		
a	complete items 2a, b, c, and d See instr The name, address, and telephone num		of the person to whom a	applications should be a	ddressed	<u> </u>
b	The form in which applications should b	e submitted and inform	nation and materials the	ey should include		
c	Any submission deadlines			.	<u> </u>	
	A		unal areas abandable C	alda kında af mahirisə	or other	
d	Any restrictions or limitations on awards factors	, such as by geograph	icai aleas, charitable fi	eius, kinas oi insutution	io, ui uillet	

	Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
		any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor			
а	Paid during the year				
				}	
				1	
					:
		:			
				i	
		i			
	Total				
b	Approved for future payment	· · · · · · · · · · · · · · · · · · ·	 		
	Approved for factive payment				
					}
				ĺ	
		.			
			: 		
	Total	L	- Table	▶ 3b	,

Enter gross amounts unless otherwise indicated	1	d husiness income	Excluded by s	ection 512, 513, or 514	(0)
	(a) Business	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
1 Program service revenue	code		-		
a	_	·			
b			-		
c					
d				-	
e					
g Fees and contracts from government agencies		<u> </u>			
2 Membership dues and assessments	-				
3 Interest on savings and temporary cash investments .					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property			-		
6 Net rental income or (loss) from personal property	ļ		-		
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory	-			· <u>- · · · · · · · · · · · · · · · · · ·</u>	<u> </u>
9 Net income or (loss) from special events					
Oross profit or (loss) from sales of inventory			_	 	
1 Other revenue a			_		-
b			_	- -	
c					··-
d		-			
e					
2 Subtotal Add columns (b), (d), and (e)]		
13 Total . Add line 12, columns (b), (d), and (e)	• • • • • •	• • • • • • • • • • •		13	
See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the	Accompl	ichment of Eve	mnt Burno		
Explain below how each activities to the					
accomplishment of the foundation's exempt pu					
Table of the foundation of exemption	3.p0000 (0.i.k	or treat by providing to		(000 1100 00	,,,,,,
					
		·———		<u>-</u>	
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	_	-			
					
					

Par	t XV			Regarding Trans	sters to a	and Iransad	ctions a	nu Kelau	onsinbs w	ritii i¥O	IIICIIai	itable	CXemp		
			Organizatio	ns		6 the fellower	- with any	olbor oma	nization dose	orbod				Yes	No
1	Did t	the or	ganization direc	ctly or indirectly enga	ge in any o	or the following	y with any	other orga	naldaal	inbeu			'	165	
				nan section 501(c)(3)	organizat	ions) or in sec	tion 527,	relating to	political				'		1,1,
		ınızatıd						- 6					- 1	' '	111
а	Tran	sfers	from the report	ing foundation to a n	onchantab	le exempt org	anization	OT.					4-(4)		
	(1)	Cash											1a(1)		X
	(2)	Other	assets · · ·										1a(2)		X
þ			sactions.										17 1	JH.	1
				nonchantable exempt									1b(1)	ļ	X
	(2)	Purcha	ases of assets	from a nonchantable	exempt or	ganization		• • • • •	• • • • • •		• • •		1b(2)		Х
	(3)	Rental	l of facilities, eq	uipment, or other as:	sets · ·	• • • • • •					• • •	· · · ·	1b(3)	_	X
	(4)	Reimb	ursement arrar	ngements					• • • • • •		• • •		1b(4)		X
				tees · · · · · ·									1b(5)		Х
				ces or membership o									1b(6)		X
C				oment, mailing lists, o									1c	<u></u>	X
d	If the	e answ	ver to any of the	e above is "Yes," con	plete the	following sche	dule. Colu	ımn (b) she	ould always s	show the	fair m	arket			
				assets, or services (
	value	e in ar	ny transaction o	r shanng arrangeme	nt, show ir	column (d) th	ne value o	f the goods	s, other asse	ts, or se	rvices i	eceived	<u> </u>		
(a) Lın	e no	(b) A	mount involved	(c) Name of non	chantable ex	kempt organizati	ion	(d) Desc	coption of trans	sfers, tran	saction	s, and sh	anng arra	ngemei	nts
														<u> </u>	
		_													
														_	_
										. ,					
-															
								١							
		_													
2a	Is the	e foun	dation directly	or indirectly affiliated	with, or re	lated to, one o	or more ta	x-exempt o	organizations				_		
	desc	ribed	in section 501(c) (other than section	501(c)(3)) or in section	527?						Ye	s X	No
b	If "Ye	es," co	mplete the follo	owing schedule 1											
		(a) Name of organ	zation .		(b) Type of org	anization			(c) De	scnption	of relati	onship		
				l											
				'											
				1											
				L											
	Ur	nder per	nalties of perjury, I o	declare that I have examine fation of preparer (other the	d this return,	including accompa	anying sched	dules and state	ements, and to the	ne best of n	ny knowle	edge and l	belief, it is t	rue,	
Sig	n 🏴	, OU, 4	11 1/	- Lauren propertier (outer trie	(a.payor) t	. مسر یسر		7	any recorde	· · ·	1		IRS discuss		um.
Her		. 1	T. Mrs	WM ?		12-5-	1019	CEO, CE	<u>70</u>			with the p	preparer <u>sh</u>	own belo	<u>w?</u>
		Signa	ture of officer or tru	slee		Date		Title				See IUSIL	uctions X	162	∐ No
			Print/Type prepare	er's name	Prepa	rers orginaturo			Oelo		Check	it	PTIN		
Paid			Eric Golds	tein					12-05-20	19	self-em	ployed	P0141	7080	
Pre	par		Firm's name	The Goldste	ın Fir	m, CPA, I	LC	1		Firm's Ell	N				
Use	•		Firm's address	12750 Centi	ry Dri	ve Suite	В			Phone no	,				
				Alpharetta							404	<u>-9</u> 94-	6296		
EA				<u> </u>									Form 99	0-PF (2018)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Gemassist Brain Awareness Co

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Employer identification number

81-3502555

Organization type (check one)						
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt chantable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	∑ 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Check if your organization is cov	ered by the General Rule or a Special Rule.					
•	8), or (10) organization can check boxes for both the General Rule and a Special Rule. See					
instructions						
General Rule	X					
	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 operty) from any one contributor. Complete Parts I and II. See instructions for determining a utions.					
Special Rules						
regulations under section 13, 16a, or 16b, and that \$5,000, or (2) 2% of the	ribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the as 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line the received from any one contributor, during the year, total contributions of the greater of (1) amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II ribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ear, total contributions of more than \$1,000 exclusively for religious, chantable scientific					
literary, or educational pu	contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III					
contributor, during the ye contributions totaled more during the year for an ex General Rule applies to	ribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ear, contributions exclusively for religious, charitable, etc., purposes, but no such e than \$1,000. If this box is checked, enter here the total contributions that were received in inclusively religious, charitable, etc., purpose Don't complete any of the parts unless the this organization because it received nonexclusively religious, charitable, etc., contributions luring the year					
990-EZ, or 990-PF), but it must a	n't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its tify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)					

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Gemassist Brain Awareness Co

Schedule of Contributors

OMB No 1545-0047

2018

Attach to Form 990, Form 990-EZ, or Form 990-PF
 Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

81-3502555

Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule 🔯 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, kne 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

contributor, during the year, total contributions of more than \$1,000 exclusively for religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering

"N/A" in column (b) instead of the contributor name and address), II, and III

Name of organization

Gemassist Brain Awareness Co

Employer identification number

81-3502555

Part'l	Contributors (see instructions) Use duplicate copies	of Part I if additional space is n	eeded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Deborah and Armin Krupp 401 Nottaway Lane Alpharetta, GA 30009	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_		_ _	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_	Person

Federal Supporting Statements	2018 PG01			
Name(s) as shown on return	Tax ID Number			
Gemassist Brain Awareness Co	81-3502555			

Form 990PF - Part VII-A - Line 10 Substantial Contributors Schedule Statement #114

Name

Armin Krupp

Address

401 Nottaway Lane Alpharetta, GA 30009

PG01

Form 990PF - Part II - Line 20 Statement #155

Loans From Officers Payable Schedule

Lender's name Armin Krupp

Lender's title CEO

Original amount of loan \$ 3,863

Balance due

Date of note 2017-12 Maturity date 2018-01

Repayment terms When available

Interest rate 0
Security by borrower None

Purpose of loan To cover operating costs

Lender consideration Cash
Consideration FMV \$ 3,863

	,	Federal Su	Federal Supporting Statements	nents	2018 PGD1	
Name(s) as shown on return Gemassist Brain Awareness Co			,		, ω	1
	Form 990PF - Part	I - Line 23	- Other Expenses Schedule	dule	Statement #103~	
Description	Revenue and expenses	Net Investment	Adjusted net income	Charitable purpose		
Merchant Fees Website Social Media Phone Corporate renewal fees Promotional supplies	980 644 720 1,121 50	0 0 0 0 0		980 644 720 1,121 50 766		
Totals	4,281	0	0	4,281		· · · · · · · · · · · · · · · · · · ·
	Form 990PF	- Part I - Line 16(a	Form 990PF - Part I - Line 16(a) - Legal Fees Schedule	ule	PG01 Statement #107~	
Description Legal	Revenue and expenses 5,330	Net investment	Adjusted net income	Charitable purpose 5,330		
Totals	5, 330	0		5,330		
					•	

2018 PG01	Tax ID Number 81–3502555	Statement #108~	purpose 1,275	1,275					
Federal Supporting Statements		- Line 16(b) - Accounting Fees Schedule	Net Adjusted Charitable investment net income purpose	0			,		
	S Co	Form 990PF - Part I	Revenue and expenses 1,275	1,275					
	Name(s) as shown on return Gemassist Brain Awareness Co		Description Tax Preparation and representa	Totals					